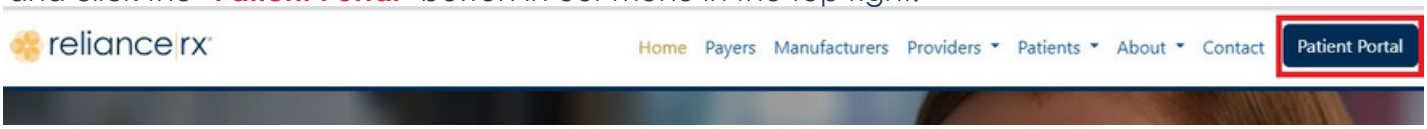
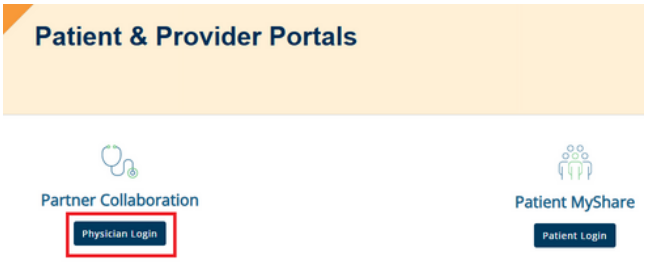
Our New Provider Portal is Live!

Steps for Provider Registration:

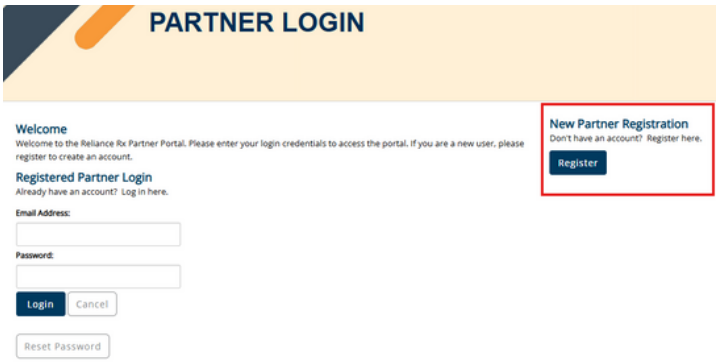
Step 1: Navigate to **https://portal.reliancerxsp.com** OR visit our website at **www.reliancerxsp.com** and click the **"Patient Portal"** button in our menu in the top right.



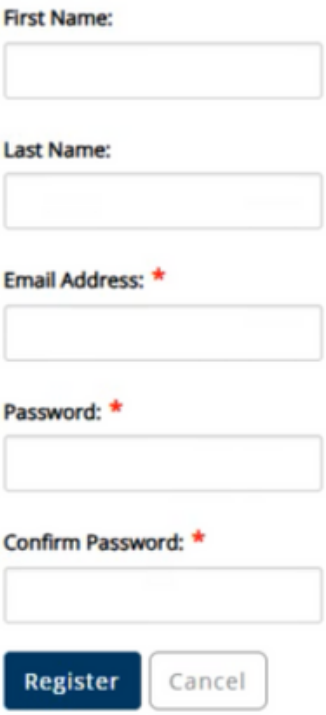
Step 2: To begin **Partner Collaboration**, click **"Physician Login."**



Step 3: To register, click **"Register"** under **New Partner Registration.**



Step 4: Fill out your contact information and click **"Register"** to submit.



Step 5: **After your information is submitted online, please complete and email the attached form to rxinfo@reliancerxsp.com.** A Reliance Rx staff member will review and approve the account. Once the Provider Portal account is approved, you will receive a notification email and have access to the portal.

If you have any difficulties registering on the Provider Portal, please contact us at 716-929-1000 or email rxinfo@reliancerxsp.com and we would be happy to assist you.

Access to Reliance Rx Specialty Pharmacy Provider Portal:

To gain access to the Reliance Rx Specialty Pharmacy Provider Portal, **the below information is required**. The portal enables users to view the status of their patients' specialty prescriptions with Reliance Rx.

Please note:

Only authorized agents of the prescriber and practice will be granted access. If the prescriber does not have active prescriptions with Reliance Rx, no patient data will be visible in the portal. Please ensure all required information is accurate and complete to avoid delays in access. Enter the name of the practice that the users and providers are affiliated with.*

Practice Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Facility Type: _____ **Specialty:** _____
(Office, Clinic, Hospital, etc.) (if applicable)

Please list all users for whom you are requesting access. Each user must have a unique email address. Prescribers will have access only to their own patient list, while Office Managers will be linked to all providers listed on this form and will have access to all corresponding patient records.

First & Last Name	Title (Physician, NP, Office Manager etc.)	NPI (for providers)	Email Address

☐ **I attest that the users requested on this form are an agent of the prescriber(s) and have authorization to view patient information of the prescriber(s).**

☐ **I attest that the users on this form have authorization to view patient data at this practice location**

Provider Signature: _____

*Once completed, please email this form to rxinfo@reliancerxsp.com. Upon review and approval, Reliance Rx will notify you when your access has been granted.

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